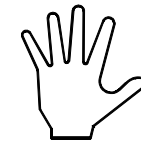


Enroll in the KTRS

**Automatic
Insurance Payment
Method**

Let us show you
how to take
advantage of a
**FREE,
CONVENIENT**
payment
method
starting **NOW!**



STOP

LOOK



LISTEN

Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601
Toll Free: 1-800-618-1687

What is Automatic Insurance Payment Method?

Automatic Insurance Payment Method is a payment method that enables you to have your monthly premium automatically deducted from your personal checking or savings account. The money is then directly deposited for payment of your KTRS medical insurance premium.

Your bank will take care of paying the premium near the end of each month, seeing that your payment is received on a timely basis. So leave your worries of a late payment, having to write a check or finding a stamp behind. Send your authorization in today and your insurance premiums will automatically be drafted!

How do I apply for the Automatic Insurance Payment Method?

Applying for the Automatic Insurance Payment Method can be done in just three simple steps:



COMPLETE the Authorization Form found in this brochure



RETURN IT with a **voided check** to:
KY Teachers' Retirement System
479 Versailles Road
Frankfort, KY 40601-3800



KEEP A COPY of the form for your records.

The automatic premium payment program is ideal for someone who may be unable to keep up with monthly insurance premium payments.

Please complete, detach and mail to: Kentucky Teachers' Retirement System

AUTHORIZATION AGREEMENT FOR KTRS AUTOMATIC INSURANCE PAYMENT METHOD

Member's Social Security Number _____ Name _____

KTRS USE ONLY Address _____

Check Number -70 City, State, Zip _____

I authorize the Kentucky Teachers' Retirement System to initiate monthly premium deductions from the bank account appearing on the enclosed voided personal check attached below and the named depository to charge such deductions to my account. I understand that I control my payment, and if at any time I decide to discontinue the Automatic Insurance Payment Method I will notify KTRS.

Signature _____ Date _____ Phone _____

ATTACH A VOIDED CHECK SHOWING YOUR NAME AND ACCOUNT NUMBER IN THE SPACE BELOW

Is this voided
check from a

**SAVINGS
ACCOUNT**

or a

**CHECKING
ACCOUNT**

Please circle one.

